Ownership:

Corporation

Skilled

Yes

Yes

Yes

106

WILLOWCREST CARE CENTER 3821 S CHICAGO AVE

Number of Residents on 12/31/04:

SOUTH MILWAUKEE 53172 Phone: (414) 762-7336 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/04):

Highest Level License: Operate in Conjunction with CBRF? 115 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/04): 115 Title 19 (Medicaid) Certified? 111 Average Daily Census:

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04) %						
Home Health Care	No	Primary Diagnosis	%   Age Groups		e	Less Than 1 Year	61.3		
Supp. Home Care-Personal Care	No					1 - 4 Years	28.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	8.1	More Than 4 Years	9.9		
Day Services	No	Mental Illness (Org./Psy)	17.1	65 - 74	18.9				
Respite Care	Yes	Mental Illness (Other)	2.7	75 - 84	36.0		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32.4	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.5	Full-Time Equivalen	t		
Congregate Meals No		Cancer				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	11.7	65 & Over	91.9				
Transportation	No	Cerebrovascular	9.9			RNs	14.9		
Referral Service	No	Diabetes	7.2	Gender	%	LPNs	14.3		
Other Services	Yes	Respiratory	9.9			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	37.8	Male	38.7	Aides, & Orderlies	42.4		
Mentally Ill	No			Female	61.3				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0	İ			
**********	****	* * * * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * *	*****	, **************	*****		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay			Family Care		I	Managed Care			
Level of Care	No.	%	Per Diem (\$)	No.	ે ં	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	4	10.8	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.6
Skilled Care	44	100.0	345	32	86.5	129	4	100.0	129	11	100.0	259	14	100.0	129	1	100.0	450	106	95.5
Intermediate				1	2.7	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	44	100.0		37	100.0		4	100.0		11	100.0		14	100.0		1	100.0		111	100.0

WILLOWCREST CARE CENTER

Admissions, Discharges, and		Percent Distribution	ı of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	1.5	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.9		83.8	15.3	111
Other Nursing Homes	3.5	Dressing	4.5		80.2	15.3	111
Acute Care Hospitals	93.7	Transferring	13.5		64.9	21.6	111
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.1		71.2	20.7	111
Rehabilitation Hospitals	0.0	Eating	47.7		40.5	11.7	111
Other Locations	1.3	*******	******	*****	******	*******	*****
otal Number of Admissions	462	Continence		%	Special Treatmen	ts	8
ercent Discharges To:		Indwelling Or Extern	al Catheter	14.4	Receiving Resp	iratory Care	16.2
Private Home/No Home Health	35.0	Occ/Freq. Incontiner	it of Bladder	69.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.2	Occ/Freq. Incontiner	it of Bowel	57.7	Receiving Suct	ioning	2.7
Other Nursing Homes	18.9	_			Receiving Osto	my Care	4.5
Acute Care Hospitals	30.9	Mobility			Receiving Tube	_	7.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	27.9
Rehabilitation Hospitals	0.0					-	
Other Locations	0.2	Skin Care			Other Resident C	haracteristics	
Deaths	14.8	With Pressure Sores		13.5	Have Advance D	irectives	91.0
otal Number of Discharges		With Rashes		7.2	Medications		
(Including Deaths)	440				Receiving Psyc	hoactive Drugs	61.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

***************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary Facility Peer Group		100	-199	Ski	lled	Al	1
	Facility			Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	86.4	1.11	86.5	1.11	87.3	1.10	88.8	1.08
Current Residents from In-County	90.1	85.0	1.06	87.0	1.04	85.8	1.05	77.4	1.16
Admissions from In-County, Still Residing	13.2	18.1	0.73	18.9	0.70	20.1	0.66	19.4	0.68
Admissions/Average Daily Census	435.8	199.9	2.18	188.2	2.32	173.5	2.51	146.5	2.98
Discharges/Average Daily Census	415.1	201.1	2.06	190.4	2.18	174.4	2.38	148.0	2.80
Discharges To Private Residence/Average Daily Census	146.2	83.1	1.76	77.5	1.89	70.3	2.08	66.9	2.18
Residents Receiving Skilled Care	99.1	95.8	1.03	95.9	1.03	95.8	1.03	89.9	1.10
Residents Aged 65 and Older	91.9	84.4	1.09	90.5	1.02	90.7	1.01	87.9	1.05
Title 19 (Medicaid) Funded Residents	33.3	61.2	0.54	56.3	0.59	56.7	0.59	66.1	0.50
Private Pay Funded Residents	9.9	13.7	0.72	22.2	0.45	23.3	0.43	20.6	0.48
Developmentally Disabled Residents	0.9	1.2	0.76	1.1	0.81	0.9	1.04	6.0	0.15
Mentally Ill Residents	19.8	30.0	0.66	29.0	0.68	32.5	0.61	33.6	0.59
General Medical Service Residents	37.8	23.2	1.63	25.4	1.49	24.0	1.57	21.1	1.80
Impaired ADL (Mean)	51.4	52.9	0.97	52.6	0.98	51.7	0.99	49.4	1.04
Psychological Problems	61.3	51.7	1.19	55.4	1.11	56.2	1.09	57.7	1.06
Nursing Care Required (Mean)	9.9	8.4	1.18	7.7	1.30	7.7	1.28	7.4	1.33